

U.S. Department of Energy
REQUEST FOR APPROVAL OF FOREIGN TRAVEL

Burden Disclosure Statement

Public reporting burden for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to U.S. Department of Energy, Office of Organization and Management Systems, Paperwork Reduction Project (1910-2100), 1000 Independence Ave., SW, Room 4D-024, MA-513.2, Washington, DC 20585, and to the Office of Management and Budget (OMB), Paperwork Reduction Project (1910-2100), Washington, DC 20503.

PRIVACY ACT INFORMATION STATEMENT: Collection of the information is authorized by the Department of Energy Act of 1973, P.L., 96-91. Disclosure of the personal information requested is mandatory to support authorization for official travel to foreign countries, and to obtain a passport.

The information furnished will be used by DOE to authorize travel and payment of travel expenses, by the Department of State to issue a passport, and by the General Accounting Office to audit and verify the accuracy and legality of disbursement.

PART A: Traveler/Trip Information

Section I. Traveler Information (To be completed by traveler)

1. Name (Last, First, Middle)		2. Z Number	3. Social Security Number	4. Birth Date (DD-MON-YY)
5. Birthplace (City, State, Country)			6. Citizenship	
DOE Facility Los Alamos National Laboratory		7. <input type="radio"/> DOE <input type="radio"/> Contractor <input type="radio"/> University <input type="radio"/> Other		
8. Employment Address				
9. Work Telephone _____		Home Telephone _____		10. Division/Department _____
				Contract Number W-7405-ENG-36
11. Cost Codes				
CC _____ PC _____ CA _____ WP _____ (%)		Travel		
CC _____ PC _____ CA _____ WP _____ (%)		CC _____ PC _____ CA _____ WP _____ (%)		
CC _____ PC _____ CA _____ WP _____ (%)		CC _____ PC _____ CA _____ WP _____ (%)		
12. Position Title/Field				

Section Ia. For Sensitive Travel Only (To be completed by traveler)

13. Indicate whether a DOE security clearance currently is held or has been held within the last five years. <input type="radio"/> Yes <input type="radio"/> No Indicate the highest level of classified information received: _____				
14. Relatives (Include in-laws living in sensitive countries; include relatives within three generations.) If additional space is needed, use the Relationship Continuation Page, Form 1512_REL.				
Name	Relationship	Citizenship	City	Country

Section II. Trip Itinerary. (Completed by traveler.) **Use the Itinerary Continuation Page, Form 1512_CON, as required.**

Account for the entire time between departure and return. Complete a separate itinerary for each city/country to be visited and for each personal or leave period. Assign an itinerary number in sequence for each destination. If any personal or leave period is planned, assign an itinerary number for that time period.

Itinerary Number:	15. Destination (City/Country)	16. Start Date	17. End Date
18. Primary Topic:		19. Primary Purpose:	
<div>This part of the trip involves:</div> <div><div>20. <input type="checkbox"/> International Agreement: Name: _____</div><div>21. <input type="checkbox"/> Classified Information _____</div><div>22. <input type="checkbox"/> Sensitive Topics _____</div><div>23. Provide further details concerning the subject matter to be discussed including papers, lectures, etc. _____</div></div>			
24. Does the conference involve participants from three or more countries? <input type="radio"/> Yes <input type="radio"/> No Conference Name: _____			
25. Other meetings? <input type="radio"/> Yes <input type="radio"/> No Meeting Name: _____			
26. Host Name:	Affiliated Institution	Facility to be Visited	
27. Other Contact Name:	Affiliated Institution	Facility to be Visited	

Section III. General Trip Information. (To be completed by traveler. Use the Trip Continuation Page, 1512TRIP, as needed.)

28. Location of Departure (City, State, Country)	29. Date of Departure (DD-MON-YY)	31. Sponsoring Headquarters Organization
	30. Date of Return (DD-MON-YY)	

32. Names and Organizations of Headquarters personnel with whom trip has been coordinated

33. Names and organizations of other personnel with whom you are traveling as a team.

34. Benefit to Government (include benefit to present position and the Department)

35. Comments Label all comments as referring to: a) Justification statement for trips that are exceptions; b) Organization requesting exception travel; c) Specifying any paper attachments to this form; d) General comments regarding trip request; e) Location of return if different from 28. For Comments a, b, and d, restrict response to three lines or 240 characters to permit entry into FTMS.

I understand that I must submit a trip report within 30 days of my return.

Traveler's Signature	Date
----------------------	------

I certify that the above information is correct.

Group Leader Name (typed or printed)	Title	Organization
Signature	Date	

Name: _____ Social Security Number: _____ Date: _____

Section IV. Trip Funding (To be completed by official responsible for travel funds.) Costs are estimates.

36. B&R Code		
a) _____ % _____	b) _____ % _____	c) _____ % _____
37. DOE Funding Organizations		
a) Lead: _____ b) Other: _____ c) Other: _____		
38. Non-DOE Funding Sources		
39. Transportation Cost to DOE		
40. Per Diem and Miscellaneous Cost to DOE		
41. Total Cost to DOE		\$0.00
42. Non-DOE Funding Amount		
43. Total Cost of Trip		\$0.00

I certify that sufficient funding is available for this trip.

Name (typed or printed)	Title	Organization
Signature	Date	

PART B. Reviews and Approvals

1. Local Review

Name (typed or printed)	Title	Organization	Approval Recommended <input type="radio"/> Yes <input type="radio"/> No
Signature:	Date (DD-MON-YY)		
Comments			

2. Other Reviews

Name (typed or printed) Allen Hartford, Jr.	Title Program Director	Organization STB	Approval Recommended <input type="radio"/> Yes <input type="radio"/> No
Signature:	Date (DD-MON-YY)		
Comments			

3. Sensitive Travel

DOE Local Security Review and DOE F 1512.3 completed? ☐ Yes ☐ No

Name (typed or printed)	Title	Organization	Approval Recommended <input type="radio"/> Yes <input type="radio"/> No
Signature:	Date (DD-MON-YY)		
Comments			

Instructions for Form 1512

Line Number	Instructions
1	Enter the complete name of the traveler. If no middle name, indicate NMN.
2	Enter the traveler's Z number.
3	Enter the traveler's Social Security Number.
4	Enter the date the traveler was born using the format DD-MON-YY, such as 05-JAN-71.
5	Enter the city, state, and country in which the traveler was born, such as Santa Fe, NM, USA.
6	Enter the traveler's citizenship or click on "Get" to see a list of choices. Permanent Resident is one choice.
7	Check the appropriate button. Employees of government-owned facilities managed by a university should check contractor. For non-DOE employees, enter the name of your employer.
8	Enter the address where the traveler works.
9	Enter the traveler's work phone number including the three-digit area code. Then enter the traveler's home phone number including the three-digit area code.
10	Enter the name of the traveler's office, division, or department where employed.
11	Enter a valid 6-character cost center, 4-character program code, 4-character cost account, and 4-character work package. Use additional lines if split coding is required.
12	Enter the traveler's title and any technical field of expertise that could support the justification for the trip. Example: Director, Lawrence Berkely Laboratory, Nuclear Physicist.
13	Check Yes if a DOE security clearance has been held within the last five years. Choose the appropriate level from the pull-down menu.
14	If the traveler has held a DOE security clearance in the last five years, information about ALL relatives (within three generations, including in-laws) living in sensitive countries is required. Enter the name, relationship, citizenship, city in which the relative lives, and country of citizenship. Use the "Get" button to choose from a list of countries.
15	Enter "1" for the first itinerary number. Then in the next field enter the city and country associated with each destination. Use 1512_con to enter more itineraries. For ANY travel to a SENSITIVE country, whether official, unofficial, personal, or leave, complete an itinerary number and city/country destination. DOE 1500.3, Attachment 2, contains a list of sensitive countries.
16	Enter date your stay in this city begins formatted as DD-MON-YY, such as 24-APR-99.
17	Enter day your stay in this city ends in DD-MON-YY format.
18	For each itinerary number, choose the primary topics to be discussed from the list provided by clicking "Get." Enter the predominant topic relevant to meetings, conferences, etc.
19	For each itinerary number, enter the primary purpose associated with it. Enter "Personal Leave" if appropriate.

- 20 Check this box if travel to this destination is sanctioned or authorized by a specific international agreement. In the next field enter the formal name of the agreement as it appears on the document. Abbreviate if necessary.
- 21 Check here if travel to the destination involves classified information.
- 22 Select the appropriate topic by double-clicking on your choice.
- 23 Enter information that will provide details about the activities to be conducted and the need to perform travel to this destination. Abbreviate if necessary. Include objectives, types of information to be disclosed, titles of papers and lectures.

Itinerary Continuation Page: Use the Itinerary Continuation Page, 1512_con, if you need to enter other destinations. You may enter up to two more destinations per page, and you may use as many pages as you need.

- 24 Check whether or not the conference involves participants from three or more countries. Enter the name of the activity to be attended.
- 25 Check “Yes” if travel to the destination will include formal activities such as bilateral meetings, working group meeting, or steering meetings. Enter the name of the meeting in the next field. Example: US-GE Bilateral Waste Management Meeting. Check “No” if you will not be attending other meetings.
- 26 If travel involves a host person or institution, enter the name and facility to be visited, if any.
- 27 Enter the name of another individual that will be contacted.
- 28 Enter the city from which travel originates. If travel originates from a foreign location, enter the city and country.
- 29 Enter the date the traveler is to leave using the DD-MON-YY format.
- 30 Enter the date the traveler is to return using the DD-MON-YY format.
- 31 Enter the cognizant Headquarters Departmental Element whose program is funding, approving, or otherwise sponsoring the trip. This information is required for all trips.
- 32 If applicable, enter the name and organization of a DOE Headquarters person who has been involved with the coordination of this trip.
- 33 List a maximum of three individuals with whom you are traveling and their organizations. If other U.S. agencies are involved, indicate the lead agency and the U.S. Chairperson.
- 34 Enter the benefits to the Department, the organization, or the individual that justify the performance of this trip.
- 35 Label all comments as described on the form.
- 36 Enter the appropriate Budget and Reporting Code to which this travel will be charged. If the trip is split funded, two B&R codes are to be entered. Enter the percentage of the cost of the trip to be funded by this code. Use whole numbers.
- 37 Choose the DOE funding organizations from the pull-down menu.
- 38 Enter the name of any federal agency or department, foreign government, organization, association, etc. funding any portion of the travel.